

#6

Case No. GCSD-1170 (51233)

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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE COMMISSIONER OF PATENTS AND TRADEMARKS, WASHINGTON, D.C. 20031

DIRECTOR, U.S. PATENT AND TRADEMARK OFFICE
WASHINGTON, DC 20231

Linda Dickey
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

In re Application of: **TEGGE ET AL.**

Linda Dickey
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Serial No.: **NOT YET ASSIGNED**

Filed: **HEREWITH**

For: **LOSSLESS OPTICAL SPLITTER**

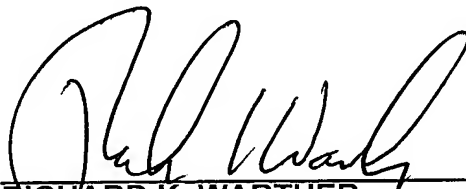
Sir:

J1040 U.S. PTO
10/039382
10/29/01

Transmitted herewith is an INFORMATION DISCLOSURE STATEMENT in the above-identified application.

- [X] This IDS is submitted under 37 C.F.R. § 1.97. No fee is required.
- [] This IDS is submitted under 37 C.F.R. § 1.97(c). Enclosed is a check in the amount of \$ 240.00.
- [] This IDS is submitted under 37 C.F.R. § 1.97(c) and (e). No fee is required.
- [] This IDS is submitted under 37 C.F.R. § 1.97(d) and (e). Enclosed is a check in the amount of \$130.00 to cover the petition fee.
- [X] The Commissioner is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Account No. 01-0484.

Date: October 29, 2001



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
TEGGE ET AL.)
Serial No. Not Yet Assigned)
Filing Date: Herewith)
For: LOSSLESS OPTICAL SPLITTER)
_____)

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CITATION UNDER 37 CFR §1.97

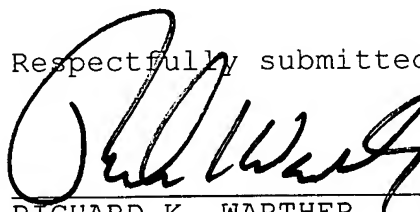
Director, U.S. Patent and Trademark Office
Washington, DC 20231

Sir:

Attached is Form PTO-1449 listing several references for consideration in the examination of the above-identified application. A copy of each reference is also enclosed. It is requested that these references be considered by the Examiner and officially made of record in accordance with the provisions of 37 CFR §1.97 and Section 609 of the MPEP.

If any additional extension and/or fee is required, or if any additional fee for claims is required, authorization is given to charge Deposit Account No. **01-0484**.

Respectfully submitted,



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